



DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 32860-000542/US

DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR SUPPORTING THERAPY PLANNING, PARTICULARLY IN THE PRESENCE OF MULTIPLE DEFICITS

the specification of which (check one)

- ☒ is attached hereto.
or
☐ was filed on _____ as Application Serial No. or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

| PRIOR FOREIGN APPLICATION(S) | | | | |
|------------------------------|---------|----------------------------|--------------------------|--------------------------|
| APPN. SERIAL NO. | COUNTRY | DATE FILED (MM/DD/YYYY) | PRIORITY CLAIM | |
| | | | Yes | No |
| 02014704.7 | EP | 07/03/2002 | X | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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I hereby appoint the following attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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| Thomas S. Auchterlonie | Reg. No. 37,275 |
| John A. Castellano | Reg. No. 35,094 |
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| Terance Madden | Reg. No. 51,207 |
| Ron Sulpizio | Reg. No. 48,781 |

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CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Harness, Dickey & Pierce, P.L.C., Customer No. 30596, P.O. Box 8910, Reston, Virginia, 20195, (703) 668-8000.

Full name of sole or first inventor: Klaus ABRAHAM FUCHS

Inventor's signature: [Signature]

Date: 7/9/03

Residence: Graslitz Str. 17, 91058 Erlangen, Germany

Citizenship: German

Mailing Address: SAME AS ABOVE

Full name of second joint inventor: Uwe EISERMANN

Inventor's signature: _____

Date: _____

Residence: Hofmannstraße 54b, 91052 Erlangen, Germany

Citizenship: German

Mailing Address: SAME AS ABOVE

Full name of third joint inventor, if any: Niels RICHTER

Inventor's signature: _____

Date: _____

Residence: Stegersgasse 34, 95349 Thurnau, Germany

Citizenship: German

Mailing Address: SAME AS ABOVE

Full name of fourth joint inventor, if any: Robert SETZ

Inventor's signature: _____

Date: _____

Residence: Kanalweg 4a, 91126 Rednitzhembach, Germany

Citizenship: German

Mailing Address: SAME AS ABOVE

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**METHOD AND SYSTEM FOR SUPPORTING THERAPY PLANNING,
PARTICULARLY IN THE PRESENCE OF MULTIPLE DEFICITS**

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Full name of sole or first inventor: Klaus ABRAHAM-FUCHS

Inventor's signature: _____

Date: _____

Residence: Graslitzer Str. 17, 91058 Erlangen, Germany

Citizenship: German

Mailing Address: SAME AS ABOVE

Full name of second joint Inventor: Uwe EISERMANN

Inventor's signature: Uwe Eiser

Date: 07-12-03

Residence: ~~Hofmannstraße 54b, 91052 Erlangen, Germany~~

Str. 4 A 6330 Kufstein

Österreich / Austria

Citizenship: German

Mailing Address: SAME AS ABOVE

Full name of third joint Inventor, if any: Niels RICHTER

Inventor's signature: _____

Date: _____

Residence: Stegersgasse 34, 95349 Thurnau, Germany

Citizenship: German

Mailing Address: SAME AS ABOVE

Full name of fourth joint inventor, if any: Robert SETZ

Inventor's signature: _____

Date: _____

Residence: Kanalweg 4a, 91126 Rednitzhembach, Germany

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JUN-25-2003 11:00 RUF 7033703020 P.05/05

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Inventor's signature: _____

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Mailing Address: SAME AS ABOVE

Full name of third joint inventor, if any: Niels RICHTER

Inventor's signature: _____ 

Date: 12.07.03

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Citizenship: German

Mailing Address: SAME AS ABOVE

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Date: _____

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Full name of third joint inventor, if any: Niels RICHTER

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Date: _____

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Citizenship: German

Mailing Address: SAME AS ABOVE

Full name of fourth joint inventor, if any: Robert SETZ

Inventor's signature: Robert Setz

Date: 04.07.2003

Residence: Kanalweg 4a, 91126 Rednitzhembach, Germany

Citizenship: German

Mailing Address: SAME AS ABOVE